



# Mother of Divine Providence Church

333 Allendale Road  
King of Prussia, PA 19406-1640  
610-265-4178

## ACH Agreement Form

### Authorization Agreement for Direct Payments (ACH DEBITS)

I (we) hereby authorize **Mother of Divine Providence Church** to initiate automatic debit entries to my (our) account at the financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

This agreement is to remain in full force and effect until **Mother of Divine Providence Church** has received written notice from me (or either of us) of its termination in such time and in such manner as to afford **Mother of Divine Providence Church** and my financial institution a reasonable opportunity to act on it.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

### MDP Sunday Contribution

Monthly      Amount of Donation: \_\_\_\_\_ \*\*

Quarterly      Amount of Donation: \_\_\_\_\_ \*\*

**\*\*Donations will be debited the 5<sup>th</sup> of each month**

**NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

Please attach a voided check or deposit slip and return this form to the Parish Business Office for processing.